ABS 7790 (ABS 779)
Field Practicum for Applied Behavioral Sciences
Various Hours

Dr. Jacqueline Bergdahl
257 Millett Hall
775-2272
Email: Jacqueline.bergdahl@wright.edu
Office hours: by appt. only

Description
Supervised field experience in corrections and family agencies (probation, parole, jail, juvenile, adult, and aging).

**THE STUDENT MUST COMPLETE 10 HOURS PER WEEK OF WORK (150 hours per semester) FOR 3 CREDIT HOURS!**

Requirements
1) Submit an annotated bibliography of 20 scholarly articles from scholarly journals pertaining to your internship. (Please use APA format) (Check out the OWL at Purdue University for examples of annotated bibliographies).
2) Submit a weekly activities log (signed by the supervisor).
3) Submit a performance evaluation (from the agency) to the internship coordinator.
4) Meet with the internship coordinator once during the semester.
5) Successfully complete clock/work hours during the term without tardiness of an absentee record.

Grading
Your grade will be determined by your performance on assignments.

  Annotated Bibliography       25% of grade
  Activities log              25% of grade
  Performance evaluation      25% of grade
  Meeting(s)                  25% of grade

To earn a “P” grade students much complete 80% (and above) of assignments. Anything under an 80% will result in a grade of “F.”
Weekly Internship Log

Complete this form at the end of each work week.

Intern’s Name (print): ________________________________________________________

Agency: ____________________________________________________________________

Duties performed throughout the week (please explain below):

____________________________________________________________________________

New skills learned (please explain below):

____________________________________________________________________________

Total hours this week: ___________________

Supervisor’s Signature: ____________________________ Date: _____________

Intern’s Signature: _____________________________ Date: ______________

Please return to:
Dr. Jacqueline Bergdahl
Applied Behavioral Sciences Program
270 Millett Hall
Dayton, OH 45435-0001
Fax: (937) 775-4228 (Attention: Dr. Jacqueline Bergdahl)
# Student Evaluation by Agency

Name of Student ________________________________________________
Agency __________________________________________________________
Supervisor ________________________________________________________

## Rating System:

1 = Excellent  2 = Good  3 = Satisfactory  4 = Unsatisfactory  5 = Not applicable

Circle One

1. Reports punctually for scheduled hours
   1   2   3   4   5

2. Attends promptly to assigned tasks
   1   2   3   4   5

3. Performs tasks with a positive attitude
   1   2   3   4   5

4. Is capable of working independently
   1   2   3   4   5

5. Demonstrates a sense of responsibility
   1   2   3   4   5

6. Handles problems appropriately
   1   2   3   4   5

7. Responds creatively to criticism
   1   2   3   4   5

8. Demonstrates a sense of empathy for feeling of others
   1   2   3   4   5

9. Made strides in preparing to enter this professional area
   1   2   3   4   5

10. *Overall rating of student’s performance
    1   2   3   4   5

## Additional comments:

I understand my evaluation and comments will be used to aid in grading the student’s performance.

Signature: ________________________________________________ Date: ________________

Send form to: Dr. Jacqueline Bergdahl
Applied Behavioral Sciences
270 Millett Hall
3640 Colonel Glenn Hwy.
Dayton, OH 45435
Applied Behavioral Science
Criminal Justice and Social Problems
Internship Form

Student/intern’s name (print or type) _____________________________

Semester(s) of service ________________________________

Number of credit hours ________

Agency name ___________________________ _____________________________

Agency address____________________________________________________________

Provide a brief description of work/service to be completed:

___________________________________________________________________________

___________________________________________________________________________

Student’s signature ___________________________ Date ___________________________

Supervisor’s signature ___________________________ Date ___________________________

Internship coordinator’s signature ___________________________ Date ___________________________